



2021 DANCE CAMP & PERFORMANCE

All K5 through 8th graders are invited to attend our Annual Hawkette Dance Camp on August 25 and 26 from 5:00-7:00 PM! Dancers will learn a short routine and play fun games in groups based on their grade. On Friday, August 27, participants will perform their routines with the Hawkettes during halftime at the Arrowhead Varsity Football Game vs. Homestead High School!

CAMPS: WED., AUGUST 25 AND THURS., AUGUST 26

LOCATION: SOUTH CAMPUS UPPER GYM

4:30 PM: Registration/Check-In Begins – Enter Door D at South Campus

5:00 PM: Camp Instruction & Fun Activities

7:00 PM: Parent Pick-Up

*Please dress in activewear with athletic/jazz shoes and bring a bottle of water!
Dancers will receive their t-shirt, poms and tickets to game on Thursday!*

PERFORMANCE: FRIDAY, AUGUST 27

LOCATION: ARROWHEAD FOOTBALL STADIUM

6:30 PM: Check-in

7:00 PM: Varsity Game Start Time

8:00 PM: Halftime performance time (approx.)

**Parent/Guardian(s) must meet their child(ren) in the AHS South Upper Gym immediately following halftime! Participants will be dismissed by a dance team member/volunteer.*



\$50 INCLUDES:

Walk-in registration will be available. T-shirts and poms are only guaranteed for registrations turned in by the August 9 deadline!!!

- Camp Participation
- Dancer Entry to Varsity Game
- Additional 2 Free Admissions to Varsity Game
- Custom Camp T-Shirt
- Pair of Poms



2021 YOUTH DANCE REGISTRATION

DANCER NAME: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____

Does the dancer have any allergies, chronic illness, or medical conditions? If yes, please describe

T-SHIRT SIZE

Children's: S M L Adult: S M L

REFERRAL - If referred by a dance team member, please tell us who!

Varsity Hawkette Member Name: _____

MAIL OR DROP OFF REGISTRATION FORM & PAYMENT TO:

Return this form with \$50 check payable to Arrowhead High School

Arrowhead High School
Attn: Hawkettes Dance Team
800 North Ave., Hartland, WI 53029



WAIVER:

I give my child permission to participate in the Arrowhead Hawkette Dance Team Clinic. I do not hold the organization, Arrowhead High School, or the staff liable while my child is participating in this program. I acknowledge that at camp, my child will participate in a sport that may involve physical contact with other persons or objects, including the floor, which could result in injury. I acknowledge that I must have adequate health insurance to cover any injuries while involved in this program

Parent / Legal Guarding Signature

Date

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name: _____

Phone #: _____